

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16355

FILED MAY 25 1944
Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 4593

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 14 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Charles O. Geary

3. (b) If veteran, name war.....
3. (c) Social Security number..... 493-10-7530-483-10-7530

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Lulu Geary
6. (c) Age of husband or wife if alive..... 64 years
7. Birth date of deceased..... October 29 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 18 hr. min.

9. Birthplace..... Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Checker

11. Industry or business Public Service Co

12. Name..... George Geary
13. Birthplace..... Mamie McCarthy
(City, town, or county) (State or foreign country)
14. Maiden name Mamie McCarthy
15. Birthplace..... Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant..... Lula Geary
(b) Address..... 3734 Lincoln Ave
17. (a) Removal..... Removal
(Burial, cremation, or removal) (b) Date thereof..... 5-20-44
(Month) (Day) (Year)

(c) Place: burial or cremation..... Havana Illinois
18. (a) Signature of funeral director..... Peetz Brothers
(b) Address..... 3029 Lafayette Ave
19. (a) MAY 18 1944
(Date received local registrar's certificate) (b) J. F. Brudack
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3734 Lincoln Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 17th day..... May
year..... 1944 hour..... 2:30 minute..... A. M.
21. I hereby certify that I attended the deceased from.....
..... 19.....
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pneumonia. Inebriated
Duration..... 2 weeks

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (c) Means of injury.....

23. Signature..... W. F. Pack (M. D. or other)
Address..... W. F. Pack Date signed..... 5/17/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Oct 29

64

Dr Jack
J. 1800
Himmler & Beech

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. E. McCuller

..... Licensed Embalmer No. 2460

P. O. Address 6133 Pelmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.